

Attachment C

**Bid Form**  
**Temporary Agency Administrative Assistant Staffing Services for DHCD**  
**Invitation for Bids No. 11-24-001**

**Bidder Name:** \_\_\_\_\_

**Price Bid:**

Multiply Price Per Hour times 40 hours for Total Estimated Price.

Classification	Price per Hour	Estimated Number of Hours	Total Estimated Price
Administrative Assistant	\$	40	\$

**The estimated hours above are being provided only for the purposes of comparing bids and are not intended to be a guarantee of work effort.**

Bidding Firm: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_ Position: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

State of Maryland Small Business Reserve Certification (required): \_\_\_\_\_

State of Maryland MBE Certification No. (if applicable): \_\_\_\_\_